

HAMILTON COUNTY COMMUNITY CORRECTIONS  
RESIDENTIAL PROGRAM HANDBOOK

18104 Cumberland Road  
Noblesville, Indiana 46060

Administration (317) 776-9760

Location Change (317) 776-9861

Fax (317) 776-9764

*“Where Change is a Choice and  
Accountability is a Guarantee”*

Dear Program Participant:

As a result of a court order, you have been placed in our Residential Program. We both share the same goal . . . for you to satisfactorily complete your sentence and return to the community as a responsible and productive citizen. Our Department operates on the premise that every program participant has the potential to achieve that goal. It will not be easy and your time on the residential program will be filled with challenges, but we believe that you can accomplish this or the court would not have placed you in this program.

During your placement in our Residential Program, you can expect staff to assist you in this effort by prioritizing your participation in services that address treatment and education needs identified during the development of your treatment plan. These services will support you and increase the likelihood of you successfully completing your sentence. The program has a great many rules and guidelines, all of which are designed to guarantee accountability and encourage a change in negative behavior. Our expectation is that you attend all required treatment and education programs, that you abide by the rules and guidelines, and that you demonstrate the desire and put forth the effort required to change your behavior.

The following material, along with your program contract, outlines the rules, guidelines and behavior that are expected of our program participants. Our staff will explain the following information to you during the intake process, and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully.

If you have any questions, do not hesitate to contact a member of our staff.

Respectfully,

Ralph B. Watson  
Executive Director

# **HAMILTON COUNTY COMMUNITY CORRECTIONS**

## **Vision**

We will be leaders in the supervision of our program participants while maintaining community safety, as well as utilizing proven programs and developing innovative programs to promote their future as productive members of society.

## **Mission**

We provide cost-effective, community-based alternatives to incarceration by providing intensive supervision and treatment-focused programs to encourage positive change in participants. These programs and supervision hold the offender responsible and accountable, without compromising the safety of the community or the community corrections' staff.

## **RESIDENTIAL PROGRAM STAFF**

Executive Director:	Ralph Watson
Director of Personnel:	Stephanie Ruggles
Director of Administration:	Deana McMurray
Operations Manager:	Steve Southwood
Program Team Leader:	Mark May
Field Services Coordinators:	Valerie Higbee Pete Jakositz Stephanie Lanman David Oney
Case Managers:	Chris Collins Katrina Cunningham Shannon Harshman Sheilah Stevens
Bookkeeper:	Sandra Estes
Departmental Chaplain:	Chip Johnston

**Hamilton County Community Corrections**  
**18104 Cumberland Road**  
**Noblesville, Indiana 46060**  
**(317) 776-9760**  
**FAX (317) 776-9764**

**RESIDENTIAL PROGRAM CONTRACT**

**NAME:** \_\_\_\_\_ **CAUSE NUMBER:** \_\_\_\_\_

**BEGINNING DATE:** \_\_\_\_\_ **PROJECTED RELEASE DATE:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**LENGTH OF SENTENCE:** \_\_\_\_\_

**CHARGE:** \_\_\_\_\_ **FELONY MISD CLASS** \_\_\_\_\_

**CIRCLE ONE:**            **COP DIR. COM. VOP EXE. SENT. S.S. CTP**

**SPECIFIC CONDITIONS OF THE RESIDENTIAL PROGRAM**

- \_\_\_\_ 1. I, \_\_\_\_\_, agree to comply with the special conditions stated in this contract, in addition to the Standard Rules of Probation. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.
- \_\_\_\_ 2. I understand that in addition to the Judicial review, I will also be subject to administrative disciplinary action for failure to follow the Residential Program Disciplinary Code and Sanctions. I am subject to loss of privileges, loss of earned credit time, and additional in-house details, as stated in the above Code.
- \_\_\_\_ 3. I understand that while on the Residential Program, I will be under the supervision of Hamilton County Community Corrections and subject to all rules and regulations of that program.
- \_\_\_\_ 4. I will cooperate with and truthfully answer all reasonable inquiries of Community Corrections Staff.
- \_\_\_\_ 5. I understand that violation of the order for the Residential Program may subject me to prosecution for the crime of escape under I.C. 35-44-3-5.
- \_\_\_\_ 6. I understand that I am not to commit any law violations resulting in a new arrest or summons to Court while on the Residential Program. Failure to obey all Municipal, County, State and Federal laws may result in termination from the Residential Program and the immediate filing of a violation. I understand that I am not to violate any term of a license suspension and/or any restriction of a license.
- \_\_\_\_ 7. I understand that my residence while on the Residential Program shall be the Hamilton County Community Corrections Facility, unless otherwise ordered by the sentencing Court.
- \_\_\_\_ 8. I understand that while on the Residential Program, I will have no contact with anyone on probation/parole, unless granted permission by Hamilton County Community Corrections.
- \_\_\_\_ 9. I understand that while on the Residential Program, I will immediately remove myself from the presence of anyone performing an illegal act. I shall immediately notify Hamilton County Community Corrections of the incident.

- \_\_\_ 10. I understand that I am not to possess or use any firearm, destructive device, or other dangerous weapon unless granted written permission by Hamilton County Community Corrections.
- \_\_\_ 11. I agree to allow the Hamilton County Community Corrections Staff to make reasonable inquiry into my activities. I agree to waive my right against search and seizure, and permit Hamilton County Community Corrections or any law enforcement officer acting on behalf of Hamilton County Community Corrections, to search my person, motor vehicle, or any location where my personal property may be found, to insure compliance with my conditions of the Residential Program.
- \_\_\_ 12. A. I will not consume, or possess on my person, or in my vehicle, any alcohol or drugs unless prescribed by a physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I understand I have two hours from the time notified to produce a urine specimen for drug testing. I will be responsible for the cost of said tests.
- \_\_\_ B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician.
- \_\_\_ C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage. I will not take medication containing alcohol in it, (i.e., liquid cold medicine, cough syrup, or medicated mouthwash).
- \_\_\_ D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
- \_\_\_ E. By signing this contract I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. If urine screen results return diluted, it will be deemed a violation of the contract. I will be responsible for the payment of the cost of said test.
- \_\_\_ 13. I agree to sign a release of information for Hamilton County Community Corrections.
- \_\_\_ 14. All Residential Program participants are required to provide verification of work hours and treatment attendance on a weekly basis or upon request. Failure to do so may result in termination from the program. Weekly schedules once approved by Hamilton County Community Corrections staff may only be changed for the following reasons:
- \_\_\_ A. Medical Emergency: The Resident must contact Hamilton County Community Corrections as soon as possible to inform staff as to the nature and extent of the medical emergency. Failure to notify Community Corrections may result in a violation being filed with the Court and/or Probation Department.
- \_\_\_ B. Change in work/treatment hours: At times the participant's employer may request that the participant works over or shorten the participant's hours due to more or lack of work. The participant is required to inform the Hamilton County Community Corrections Staff at the first opportunity of these schedule changes to receive necessary approval. Failure to do so may result in the participant's removal from the Residential Program and the filing of a violation with the Court and/or Probation Department.
- \_\_\_ 15. I understand that I will not work more than two (2) jobs or no more than sixty (60) hours in any one week, unless approved by the sentencing Court. I will also be limited to working no more than six (6) days a week, and twelve (12) hours a day. Scheduled hours are to be provided to Hamilton County Community Corrections at a time arranged by them. I understand that Hamilton County Community Corrections is the only agency that may approve any work schedule and/or changes in my work schedule. I understand that any schedule change requires 24 hour notice, excluding weekends and Holidays.
- \_\_\_ 16. I agree to allow Hamilton County Community Corrections Staff to monitor my employment by examining my time cards, contacting my supervisor, and conducting work-site visits. I shall authorize my employer to release all records and information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and such other information as may be requested by Hamilton County Community Corrections.

- \_\_\_ 17. I understand that I will not be permitted to work on certain holidays unless I have written confirmation from my employer that I am scheduled to work these holidays. I also understand that I will only be permitted to work these holidays if I can be contacted by telephone at my place of business.
- \_\_\_ 18. I understand that I am responsible for all my transportation needs while on the Residential Program. All transportation arrangements must be approved by Hamilton County Community Corrections.
- \_\_\_ 19. I agree to travel in a direct route to and from my place of employment, or any other permitted destination without making any stops or "side trips", and to have no unauthorized passengers in my vehicle. "Side trips" are defined as any deviation in the normal route of travel to and from the facility.
- \_\_\_ 20. I understand that if I am released from work early at any time, I will immediately notify Hamilton County Community Corrections, and return directly to the facility with no "side trips" and/or stops. I also understand that if work is canceled at any time, I will immediately notify Hamilton County Community Corrections, and return directly to the facility with no "side trips" and/or stops. "Stops" are defined as any stop that a Resident makes at any location or business that has not been approved by Hamilton County Community Corrections.
- \_\_\_ 21. I understand that I am not to leave my place of employment or any other approved location without prior approval of Hamilton County Community Corrections.
- \_\_\_ 22. A. If I become unemployed during the term of my Residential Program sentence, I shall immediately notify my field services coordinator. The field services coordinator shall commence an investigation into the reasons for my unemployment and shall report the results of that investigation to the Director of Personnel of Hamilton County Community Corrections. During the time that this investigation is ongoing, I understand that I shall be permitted to continue to be released for the purpose of conducting an intensive job search.
- \_\_\_ B. If it is determined from the above investigation that my unemployment is for reason other than my own misconduct or poor work performance, then I shall be allowed to continue on the Residential Program under the following conditions:
- \_\_\_ 1. I must conduct an intensive job search which will require five (5) verifiable employment inquiries per week day.
- \_\_\_ 2. I shall continue with Court and/or Community Corrections mandated treatment.
- \_\_\_ C. If, however, it is determined from the above investigation that my unemployment was due to my own misconduct or poor work performance, then I understand that my release privileges shall be immediately suspended and a violation will be filed with the Court and/or Probation Department. Such suspension, however, may be stayed at the discretion of the Director of Personnel of Hamilton County Community Corrections if I have commenced acceptable employment before the field services coordinator has completed the above investigation.
- \_\_\_ 23. I understand that I am required to pay for any medical services and/or care needed during my Residential Program sentence.
- \_\_\_ 24. I understand that I must be current in paying all Court Cost, fines, restitutions, and child support.
- \_\_\_ 25. I understand that I will be charged an initial fee, a weekly fee, and other fees as approved by the Hamilton County Community Corrections Advisory Board. Payments will be made by cashier's check, certified check or money order. **No cash or personal checks** will be accepted. Payments will be made at a time as determined by Hamilton County Community Corrections. I understand that failure to make payments as

scheduled, or departure from the program with a balance of payments in arrears may result in any or all of the following:

- \_\_\_\_ A. A violation may be filed against me with the Court and/or Probation Department.
- \_\_\_\_ B. The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage.
- \_\_\_\_ C. I may be sued in civil court or subject to collection proceedings for the amount of the arrearage, plus costs of the proceedings and attorney fees.

\_\_\_\_ 26. I understand that Hamilton County Community Corrections has the authority to direct me to substance abuse treatment, school (if I do not have a high school diploma or GED), counseling, or any other program that Hamilton County Community Corrections has determined to be appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court and/or Probation Department.

\_\_\_\_ 27. I understand that Hamilton County Community Corrections can terminate my participation in this program without notice, if I have any violations of the above conditions.

\_\_\_\_ 28. Waiver of Extradition: If I leave the State of Indiana, with or without permission of the Hamilton County Community Corrections or the sentencing Court, I understand that I waive (give up) my extradition rights and will voluntarily return to the State of Indiana.

\_\_\_\_ 29. Special orders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ During my term in the Residential Program, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, after a hearing, revoke the suspended sentence and impose any sentence it may have originally imposed, modify my conditions, or continue my placement.

\_\_\_\_ This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all terms and conditions of this contract. I further acknowledge that I have initialed each and every term of this Residential Program contract as I have read and understood each term. I further acknowledge that I have read and understood the Hamilton County Community Corrections Residential Program Handbook and agree to comply with all the rules and procedures set forth in it.

\_\_\_\_\_  
Residential Program Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Corrections Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

Revised 7/03/07  
Approved by AB 7/20/00  
Effective 8/1/00

rescontract



## **RESIDENTIAL PROGRAM FORMS**

In order to assist the participant, Hamilton County Community Corrections has several forms to be used to facilitate requests. It is important that the participant use the forms correctly and in the proper manner so that the appropriate person may review the requests. Program participants are to only use blue or black ink when completing forms. Whiteout or pencils are not to be used. Forms will be returned if the guidelines are not followed. All questions should be first referred to the living unit coordinators. If the participant uses the wrong form, the request may be returned and the participant will have to resubmit using the correct form. Once reviewed by staff, the forms are placed in the corresponding binders in the living units. Program participants are not to remove forms from the binders.

### **Employment Contact Form:**

This form is used to verify employment searches. This form must have the company name, location, phone number, position sought, arrival and departure times, printed name and signature of the person spoken to, and results of the interview or job application. This form must be submitted upon return to the facility. Failure to complete the form entirely or to submit the form in a timely manner may result in the delay of future employment searches.

### **Employment Notice:**

This form is used to indicate the participant's place of employment. It must be completed and submitted to the field services coordinator before the participant will be permitted to leave for a job. This form needs to be completed for any additional jobs the participant may obtain or for any changes in the participant's employment. Hamilton County Community Corrections has the discretion to approve or deny a place of employment.

### **Residential Program Schedule and Request Form:**

This form is used to complete the participant's weekly work schedule and is reviewed by the designated field services coordinator. It is white in color. This form is due no later than 8:30 a.m. on Friday for the following Monday through Sunday. It is important that the participant place all the information that is known on this form. Actual work hours, time leaving from and returning to the facility, and travel arrangements shall be placed on this form. Any special requests (i.e. shopping, banking, doctor visits, counseling appointments, etc.) that are known should also be placed on this form with addresses, telephone numbers, and contact person where applicable. Any delay in submitting this form could cause delay in the participant's release the following week. It is important that the participant plan ahead and includes *all* of the information on this form when the participant submits it each Friday. Revised schedules are limited to work-related changes affecting more than one day.

### **Information/Request Sheet:**

This is used to give and request information to/from any staff member, requesting to make an appointment with a staff member, or any problems the participant may have within the facility. Staff will review the forms at 1:00 p.m., Monday through Friday, except holidays, and either respond to these requests or direct them to the appropriate individuals. Do not use this form for schedule changes. Work-related issues should be directed to the designated field services coordinator. Counseling, health, education, or personal issues should be directed to the

designated case manager. Maintenance issues or telephone problems should be directed to the Operations Manager.

**Emergency Special Requests:**

This form is used for emergencies only and is reviewed by appropriate staff. This form should be used only if an occurrence arises that is unexpected and not known at the time the participant submits the *Residential Program Schedule and Request Form*. Schedule changes are rare and require a minimum 24-hour notice. This form should only address activities outside of the facility. These forms are reviewed at 1:00 p.m., Monday through Friday, except holidays. Actual appointment times and dates, as well as leave and return times, shall be placed on this form. Be sure to include travel arrangements, address, telephone number, and contact person where applicable.

**Medical Information Sheet:**

This form is used for medical/dental appointments. If the medical/dental appointment is known at the time the *Residential Program Schedule and Request Form* is submitted, this information should be placed on that form. This form is only to be used in a situation that arises after the *Residential Program Schedule and Request Form* has been submitted. Staff reviews the forms at 1:00 p.m., Monday through Friday, except holidays.

**Restriction Waiver:**

This form is to be used to request additional employment hours over 60 hours a week, 12 hours a day, 6 days a week, or to work more than two jobs. Any requests by a program participant should first be discussed with the field services coordinator. Generally, the courts require the approval of the field services coordinator before they will honor the participant's request. This form is to be used for funeral requests and hospital visits and shall be discussed and submitted to a case manager for these purposes.

**Grievance:**

A grievance may be submitted by a program participant to express concerns regarding a department policy, facility condition, staff misconduct, or as a response to access to medical care. A program participant may submit a grievance without being subject to any adverse action. In the event that the program participant is unable to write, staff shall make arrangements for the participant to express their grievance. The grievance should be submitted on a *Program Participant Grievance* form and placed in the "grievance box" located at the processing desk on the first floor.

The Director of Administration should respond to the program participant in writing or in person within ten business days of receipt of the grievance. The Director of Administration's response may be appealed to the Executive Director. Any such appeal must be filed in writing within five days of receipt of the response from the Director of Administration.

**EM/RESIDENTIAL PROGRAM EMPLOYMENT CONTACT FORM**

Program Participant: \_\_\_\_\_ Date: \_\_\_\_\_

This form should be taken on job search and signed by the person the participant has contact with at the place visited. The completed form shall be submitted to the field services coordinator upon return from job search.

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Person Contacted (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Results: \_\_\_\_\_

\*\*\*\*\*

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Person Contacted (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Results: \_\_\_\_\_

\*\*\*\*\*

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Person Contacted (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Results: \_\_\_\_\_

\*\*\*\*\*

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Person Contacted (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Results: \_\_\_\_\_

\*\*\*\*\*

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Person Contacted (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Results: \_\_\_\_\_

**PROGRAM PARTICIPANT EMPLOYMENT RECORD**

PROGRAM PARTICIPANT: \_\_\_\_\_ FIELD SERVICES COORDINATOR: \_\_\_\_\_

DATE EMPLOYMENT BEGINS: \_\_\_\_\_ Full time or Part time

PLACE OF EMPLOYMENT:  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WORKING HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_

WORK DAYS: MON TUE WED THURS FRI SAT SUN (circle all that apply)

MEANS OF TRANSPORTATION: \_\_\_\_\_ TRAVEL TIME - TO: \_\_\_\_\_ FROM: \_\_\_\_\_

WAGES PER HOUR: \_\_\_\_\_ PAYDAY: \_\_\_\_\_ Salary? No Yes Amount \$ \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

OTHERS AWARE OF LEGAL STATUS (LIST) \_\_\_\_\_

EMPLOYMENT TELEPHONICALLY VERIFIED ON: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

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DATE EMPLOYMENT BEGINS: \_\_\_\_\_ Full time or Part time

PLACE OF EMPLOYMENT:  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WORKING HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_

WORK DAYS: MON TUE WED THURS FRI SAT SUN (circle all that apply)

MEANS OF TRANSPORTATION: \_\_\_\_\_ TRAVEL TIME - TO: \_\_\_\_\_ FROM: \_\_\_\_\_

WAGES PER HOUR: \_\_\_\_\_ PAYDAY: \_\_\_\_\_ Salary? No Yes Amount \$ \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

OTHERS AWARE OF LEGAL STATUS (LIST) \_\_\_\_\_

EMPLOYMENT TELEPHONICALLY VERIFIED ON: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

IF CHANGING JOBS:  
OLD PLACE OF EMPLOYMENT: \_\_\_\_\_ LAST DATE OF EMPLOYMENT \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**HAMILTON COUNTY COMMUNITY CORRECTIONS  
RESIDENTIAL PROGRAM SCHEDULE AND REQUEST FORM**

NAME: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_  
 EMPLOYER (A): \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 EMPLOYER (B): \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_

Day/Date	Leave time	Actual time/Event	Return time	Remarks
MON.	am/pm		am/pm	
	am/pm		am/pm	# work hours:
TUES.	am/pm		am/pm	
	am/pm		am/pm	# work hours:
WED.	am/pm		am/pm	
	am/pm		am/pm	# work hours:
THURS.	am/pm		am/pm	
	am/pm		am/pm	# work hours:
FRI.	am/pm		am/pm	
	am/pm		am/pm	# work hours:
SAT.	am/pm		am/pm	
	am/pm		am/pm	# work hours:
SUN.	am/pm		am/pm	
	am/pm		am/pm	# work hours:

Total work hours for week: \_\_\_\_\_

I am assigned to \_\_\_\_ living unit. I request to go to the following locations for the purpose of, and at the date and times indicated above. Indicate items requested to bring into facility on the reverse side. Indicate locations requested below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
 (treatment)

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
 (requested time)

\_\_\_\_\_  
 Case Manager  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Field Coordinator  
 Date: \_\_\_\_\_

Program Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
To: \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**FOR DEPARTMENT USE ONLY**

[illegible]

DATE \_\_\_\_\_

**HAMILTON COUNTY COMMUNITY CORRECTIONS  
EMERGENCY SPECIAL REQUEST**

I, \_\_\_\_\_ request emergency special permission to do the following:

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**FOR DEPARTMENT USE ONLY**

Time out: \_\_\_\_\_

Time In: \_\_\_\_\_

Date: \_\_\_\_\_

**STAFF RESPONSE:**

\_\_\_ Approved      \_\_\_ Call In Location Changes      \_\_\_ Bring Back Documentation

\_\_\_ Disapproved, reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

Revised RBW 3/4/04  
Reviewed 9/28/07

emergency special request

## HAMILTON COUNTY COMMUNITY CORRECTIONS

### Medical Attention Special Request Form

I \_\_\_\_\_ respectfully request that Hamilton County Community Corrections allow me to go to \_\_\_\_\_ a medical facility, located at \_\_\_\_\_ I make the request for the purpose of \_\_\_\_\_

I am requesting that I be approved to go on (date) \_\_\_\_\_ at (time) \_\_\_\_\_, which can be verified by calling (name) \_\_\_\_\_ at (telephone) \_\_\_\_\_. I will be leaving the facility/work at (time) \_\_\_\_\_ (Please circle) and returning to the facility/work at (time) \_\_\_\_\_. (Please circle)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Time out: \_\_\_\_\_

Time In: \_\_\_\_\_

Date: \_\_\_\_\_

#### STAFF RESPONSE:

\_\_\_ Approved      \_\_\_ Call In Location Changes      \_\_\_ Bring Back Documentation

\_\_\_ Disapproved, reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

Form Revised by: RBW 4/11/99  
Revised: 03/27/07

Medattn



## RESTRICTION WAIVER

Name \_\_\_\_\_ Cause No. \_\_\_\_\_  
Program Component: \_\_\_\_\_ Start Date: \_\_\_\_\_ Est. Release Date: \_\_\_\_\_  
Charge: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ I wish to work up to \_\_\_\_\_ hours a week.  
\_\_\_\_\_ I wish to work more than 12 hours in one day.  
\_\_\_\_\_ I wish to work more than 6 days a week.  
\_\_\_\_\_ I wish to work at more than 2 jobs.  
\_\_\_\_\_ Other: \_\_\_\_\_

Explain Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

-----  
***TO BE COMPLETED BY COMMUNITY CORRECTIONS.***

We disapprove/approve of the above request.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Field Services Coordinator/Case Manager Signature Date

\_\_\_\_\_  
Supervisor Signature Date

**HAMILTON COUNTY COMMUNITY CORRECTIONS  
PROGRAM PARTICIPANT GRIEVANCE**

NAME: \_\_\_\_\_ PROGRAM COMPONENT: \_\_\_\_\_ DATE: \_\_\_\_\_

My grievance concerns: \_\_\_\_Staff Misconduct \_\_\_\_Dept. Policy/Procedure \_\_\_\_Facility Condition

Explain what happened, when and who was involved or which policy/procedure is being grieved.  
Explain what was done and who was contacted about resolving problems. Be as brief as possible but include the necessary facts.

	Signature	Date
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**SUGGESTED REMEDY**

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**GRIEVANCE RESPONSE**

Date Received \_\_\_\_\_ Date of Response \_\_\_\_\_ Signature \_\_\_\_\_

This complaint is returned because

- |  |   |
|--|---|
| _____ It is not a grievable issue.           | _____ Participant failed to respond to meeting request. |
| _____ Participant requested the withdrawal   | _____ Participant complaint was resolved informally.    |
| _____ Staff following established procedure. | _____ Additional information/rewriting is required.     |
| _____ Action was taken/issue resolved.       |   |

**EXPLANATION**

--

**Hamilton County Community Corrections**  
**AA/NA Program Report**

Name: \_\_\_\_\_ I attended \_\_\_\_ AA, \_\_\_\_ NA, \_\_\_\_ Other  
The Name and Location of the meeting: \_\_\_\_\_  
Time: \_\_\_\_\_ a.m./p.m. Date: \_\_\_\_\_  
Type of Meeting: \_\_\_\_ Open speaker, Speakers first name: \_\_\_\_\_  
As a result of attending this meeting I discovered: \_\_\_\_\_  
\_\_\_\_\_  
During the meeting I shared: \_\_\_\_\_  
\_\_\_\_\_  
At this point, my feelings about this program are: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned secretary or meeting leader, to assist Hamilton County Community Corrections in their duties, hereby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: \_\_\_\_\_

**Hamilton County Community Corrections**  
**AA/NA Program Report**

Name: \_\_\_\_\_ I attended \_\_\_\_ AA, \_\_\_\_ NA, \_\_\_\_ Other  
The Name and Location of the meeting: \_\_\_\_\_  
Time: \_\_\_\_\_ a.m./p.m. Date: \_\_\_\_\_  
Type of Meeting: \_\_\_\_ Open speaker, Speakers first name: \_\_\_\_\_  
As a result of attending this meeting I discovered: \_\_\_\_\_  
\_\_\_\_\_  
During the meeting I shared: \_\_\_\_\_  
\_\_\_\_\_  
At this point, my feelings about this program are: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned secretary or meeting leader, to assist Hamilton County Community Corrections in their duties, hereby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: \_\_\_\_\_

**Hamilton County Community Corrections**  
**AA/NA Program Report**

Name: \_\_\_\_\_ I attended \_\_\_\_ AA, \_\_\_\_ NA, \_\_\_\_ Other  
The Name and Location of the meeting: \_\_\_\_\_  
Time: \_\_\_\_\_ a.m./p.m. Date: \_\_\_\_\_  
Type of Meeting: \_\_\_\_ Open speaker, Speakers first name: \_\_\_\_\_  
As a result of attending this meeting I discovered: \_\_\_\_\_  
\_\_\_\_\_  
During the meeting I shared: \_\_\_\_\_  
\_\_\_\_\_  
At this point, my feelings about this program are: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned secretary or meeting leader, to assist Hamilton County Community Corrections in their duties, hereby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: \_\_\_\_\_



# ADMINISTRATIVE HEARING APPEAL

**INSTRUCTIONS:** Type or Print clearly

Name of Program Participant		Housing Unit
Date of Hearing	Offense	Date of First Appeal

**INSTRUCTIONS:**

Appeal must first be made to the Director of Personnel within ten (10) working days of the hearing. The individual making the appeal will do so in Section 1 and forward to the Director of Personnel who will make his/her response in Section 2.

SECTION 1	
Appeal to Director of Personnel - Be specific in stating reason(s) for appeal	
Signature of Program Participant	Date

SECTION 2	
Response of Director of Personnel to Appeal	
Signature of Director of Personnel	Date

## AUTHORIZED PROPERTY LIST

The program participant may bring the following items into the facility during their initial intake. Program participants are responsible to see that at no time they exceed the authorized amount listed below. Consumable items entering the facility must be in a **sealed non-glass/non-aerosol container.**

<b><u>Clothing</u></b>	<b><u>Toiletries</u></b>
10 plastic hangers	30 disposable razors <b>OR</b>
10 shirts/blouses/sweaters	1 electric razor
10 slacks, shorts	2 shaving creams
3 sweat pants or sweat shorts	2 shampoos
10 underwear or long underwear bottoms	2 conditioners
8 undershirts or long underwear tops	2 hairsprays
10 pairs of socks/panty hose	2 after-shave lotions
8 bras (female)	2 facial cleansers
2 pajamas	4 bars of soap
2 pairs of shoes	2 deodorants
1 pair of shower shoes (must have)	1 cologne/perfume
1 coat (1 <sup>st</sup> floor locker)	1 toothpaste
3 suits/dresses (if required by job)	1 toothbrush
2 coveralls	1 brush
5 wash clothes	1 comb
5 bath towels	1 hair dryer
2 caps or hats	1 curling iron
1 pair of gloves	1 shower caddy
1 belt	1 box of Q-tips (max. 500)
	1 bottle of body lotion (no oil)
	2 bottles of body wash
	1 dental floss
	1 bottle mouthwash (alcohol-free)
	1 medicated lotion/cream/salve
	1 medicated powder (not baby powder)
<b><u>Female Toiletries</u></b>	
2 lipsticks	
5 types of make-up	
1 make-up remover	
1 box sanitary napkins	
1 box tampons	
1 bag cotton balls	
1 small pack cardboard emery boards	

**Miscellaneous items**

- 1 battery or wind up alarm clock
- 1 small calendar
- 1 small (4 x 6) photo album (non-pornographic\*)  
School books for GED or approved College courses
- 6 non-pornographic\*/non-obscene books
- 4 non-pornographic\*/non-obscene magazines
- 1 current newspaper
- 1 drawstring net laundry bag (must have)
- 1 padlock (combination or key, if keyed must have 2 keys)
- 1 finger nail clippers (small only)
- 1 mustache scissors (must be small with rounded point)
- 1 deck of cards
- 1 game board/puzzle (if donating to Hamilton County Community Corrections)  
Legal papers
- 4 lead pencils
- 4 Blue or black ball point pens
- 2 tablets of writing paper
- 1 box of envelopes
- 1 set of artist pencils
- 1 tablet of drawing paper (small)
- 2 contact lens cleaner/supplies
- 2 denture cleansers
- 1 rain suit/umbrella (small folding type-1<sup>st</sup> floor locker only)
- 1 watch
- 4 sets of earrings
- 2 rings
- 1 purse (1<sup>st</sup> floor locker only)
- 1 wallet
- 1 box sugar packets (100 packets maximum)
- 1 box powdered coffee creamer packets (100 packets maximum) or 12 oz. bottle of creamer (plastic)
- 1 saltshaker (table size)
- 1 peppershaker (table size)
- 2 books of stamps
- 2 containers of powdered drink (maximum of 24 oz. per bottle)
- 1 package of batteries
- 1 set of earplugs
- 1 sleeping mask
- 1 Bag designed for the sole purpose of affixing to a bicycle (only allowed at the bike racks)
- \* Pornographic material is defined as showing any breasts or genitalia.

Any unapproved items will be considered contraband and will be confiscated. The program participant involved may be subject to further disciplinary action and/or a violation being filed with the sentencing court. Contraband is defined as any item that is illegal by law or prohibited by Hamilton County Community Corrections. Program participants must immediately report the presence of contraband in the facility to staff. If a program participant discovers he or she has inadvertently brought contraband into the facility, staff should be immediately notified in order to have the property removed. Contraband items will not be stored within the facility.

Program participants are not to alter any property from its intended use.

Program participants are permitted to go shopping for personal items once a month at a Noblesville location. Items will be restricted to necessary hygiene items if there exists an arrearage of fees. Shopping dates are scheduled according to the participant's living unit assignment and are indicated below. Program participants are also permitted to get a haircut at a Noblesville location during their designated shopping week; the Director of Personnel or designee must approve exceptions. Shopping and haircuts shall be scheduled in conjunction with the participant's work schedule. Field services coordinators shall only allow the actual time necessary for shopping. Allotted shopping time is a maximum of one hour per month.

Below is a list of items issued by Hamilton County Community Corrections to program participants while in the Residential Program. Program participants are responsible to return the items clean and free of damage and may be charged for any damaged items.

1 blanket	1 spork
2 sheets	1 plastic cup
1 pillow	1 tote
1 pillow case	2 lockers
1 mattress	1 ID card

**Shopping/haircut schedule:**

First full week	A & B Living Units
Second week	C Living Unit
Third week	D & E Living Units
Fourth week	F Living Unit

## **FACILITY GUIDELINES**

1. Bunks, lockers and equipment will be assigned by a staff member and at no time may a program participant change their assigned bunk, locker or equipment without staff approval.
2. Program participants are prohibited from being on a bunk of another program participant. Program participants are also not permitted in another program participant's locker/tote or any location where their personal property is located.
3. Program participants are prohibited from leaving their assigned living unit without a living unit coordinator's permission.
4. Program participants must shower daily and practice good personal hygiene.
5. Bed linen will be collected and cleaned weekly. Blankets will be exchanged monthly.
6. Living unit noise levels should not interfere with others who are making telephone calls or attempting to read or sleep. Living unit coordinators will have the final determination as to the proper noise level.
7. Radios may not be used without headphones.
8. Living unit television privileges may be suspended at the discretion of the Operations Manager and/or their designee.
9. Quiet hours will be from 12:00 a.m. to 6:00 a.m., or as indicated by the Operations Manager or designee. Lighting in the living units will be reduced. Program participants shall be in their bunks during these hours. The use of telephones, televisions, washer/dryer and microwaves during these hours is prohibited. There are to be no social gatherings or conversations during these hours.
10. Program participants may not borrow the personal items of another program participant.
11. Program participants shall comply with the posted rules for use of the living unit intercom.
12. Staff may search a program participant at any time. A search of the program participant's person will be conducted each time he/she enters the facility. Living unit coordinators may request that shoes and socks be removed during this process. Any belongings the program participant brings into the facility will be searched.
13. Male and female program participants will not occupy the same area in the facility without supervision.
14. Program participants are not permitted in unauthorized areas. Under no circumstances is a program participant to enter any office space or any other unauthorized area unless a staff member gives them permission to do so.
15. Horseplay or other inappropriate conduct will not be tolerated.
16. Program participants are prohibited from possessing tobacco products, matches or lighters while in the facility.
17. Program participant mail shall be opened in the presence of staff.
18. Program participants are issued identification cards upon intake. These cards will be used to clock in and out of the facility and will be left at the processing desk while the participant is in the facility. Participants are required to carry this card on their person at all times while outside the facility and may be required to present the card in order to gain entrance to the corrections complex and/or facility. If a participant loses an identification card, they will not be allowed to leave the facility until a new one is issued.



19. Program participants are prohibited from leaving items unattended outside of the facility, with the exception of items left in their means of transportation. They are not to hide items in the landscaping or other locations within the county corrections complex.
20. Program participants having a valid driver's license will park their vehicles in the lot directly in front of the building (north lot). A parking decal will be issued to all drivers. Program participants riding a scooter and/or bicycle will be issued a parking decal.
21. Vending purchases shall not exceed three items per occurrence, per the rewards and sanctions matrix.
22. Program participants are to respect the personal space of others. They should not physically touch another program participant or staff member at any time.
23. Program participants must address all Department staff as "Mr." or "Ms."
24. Program participants are not to provide false statements to any staff member.
25. Program participants destroying County or Department property will be held responsible for its replacement or repair. Criminal charges may be filed.
26. Program participants will be assigned a first-floor locker to store their coats, tobacco products, cell phones, purses and any other items not permitted into the facility.
27. Program participants are expected to complete required treatment/educational services. The treatment plan will be reviewed with the designated case manager regularly, and program participants will be notified of any changes. Monthly progress reports from treatment and monthly verification of attendance at support group meetings is required.
28. Program participants must work in Hamilton County or a county contiguous to Hamilton County unless the sentencing court approves exceptions.
29. Program participants are prohibited from working out of their home/home-office or their employer's home/home-office unless approved to do so by the sentencing court.
30. Program participants must obtain full-time (30 hours per week) employment within ten business days of the start of their initial employment search.
31. Program participants unemployed for more than ten business days after beginning their job search will perform 30 hours of in-house work details weekly until employed unless they have a recognized disability.
32. Program participant transportation arrangements and any passengers must be approved during the initial intake. Any change after intake must be approved by the field services coordinator.
33. In the event of an emergency, program participants shall immediately follow all directions given by staff. Program participants must familiarize themselves with the location of emergency exits, facility intercom stations and evacuation route maps. To report a fire, program participants shall notify a staff member or use the nearest intercom to contact the control center. In the event of an evacuation, program participants shall be directed to an evacuation area outside of the facility. Program participants must proceed directly to the evacuation area without stopping to gather personal belongings or asking questions. Program participants shall remain in the outside area until they receive further instruction from staff.
34. Participants will at no time loiter outside Hamilton County Community Corrections. Upon returning to the premises, participants must immediately enter the facility.

## **REWARDS AND SANCTIONS SCHEDULE**

**Purpose:** To establish a facility disciplinary code and sanctions and a schedule of rewards for positive behavior for the residential program participants.

The objective is to develop reasonable rules and regulations that are designed to encourage program participants to respect the rights of others. In addition, it is also designed to encourage the self-discipline and self-control that will enable program participants to return to society and live within accepted standards.

Those participants who have been found guilty at an administrative hearing will lose one level in their reward status. If a participant is given work hours, they must wait until 30 days after completion of the work hours to advance in reward status. If at Level A reward status, a participant must wait 90 days after the date of the hearing or completion of work hours to advance in their reward status. Those participants who have a non-compliance that is referred to the sentencing court will not be eligible to advance in reward status until disposition of the non-compliance.

The program participant has the right to appeal the decision of the Hearing Officer in writing, stating the specific reasons for the appeal, within ten working days from the receipt of the decision. All appeals should be submitted using an *Appeal* form and directed to the Director of Personnel.

Program participants are not subject to corporal or unusual punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping.

Program participants will be issued reward cards and must keep them on their person at all times. Participants must show their assigned reward card to receive reward privileges.

### **Temporary Suspension of Release Privileges:**

1. Program participants may have their release privileges suspended during the investigation of any alleged program contract rule violation or any alleged violation of a court order if the program supervisor deems that the participant's actions may be a threat to the safety of others or the program participant is deemed a threat to abscond.
2. Participants may have their release privileges suspended for an alleged rule violation if the supervisor deems that the participant's actions may be a threat to the safety of others or the program participant is deemed a threat to abscond.
3. Participants may have their release privileges suspended as the result of an administrative hearing. The suspension may be part of a sanction received, or it may be as a result of the Hearing Board referring the alleged violation to the sentencing court.

**Rewards Table (Residential Program)**

<b>Type A actions:</b>	<b>Reward:</b>
Six months with no Level 5, 4, 3, or 2 violations and with no more than two Level 1 violations	Community activity (four hours)
	Attendance at an event for the participant's child(ren)
	Once the participant has obtained this level, the participant will be afforded one of these privileges monthly.
<b>Type B actions:</b>	<b>Reward:</b>
Three months with no Level 5, 4, 3, or 2 violations and with no more than two Level 1 violations	Extra visitation privilege (Sunday 6-7 p.m.)
	Movie and food delivery (Saturday Night) - may invite one adult (on visitation list) to watch the movie
	Attend outside religious service
	Kids dinner and movie (Friday Night) - may invite children (on visitation list) for G or PG movie
	Volunteer Work - four hours maximum per month with verification and staff approval
	Attend an outside 12-step meeting with staff approval.
<b>Type C actions:</b>	<b>Reward:</b>
Two months with no Level 5, 4, 3, or 2 violations and with only one Level 1 violation	Visitors for church services on Sunday
	Possession of electronic game/compact portable music device or miniature television (2½ inch screen max with headphones, battery operated)
	Hamilton County Community Corrections special events with visitors
	One hour of recreation time
<b>Type D actions:</b>	<b>Reward:</b>
One month with no violations of any kind	Standard recreation time each week
	Vending privileges (three items max)
	Possession of AM/FM radio with headset
<b>Immediate Rewards:</b>	<b>Reward:</b>
Any volunteer work detail exceeding 30 minutes	One 30-minute recreation time
	One vending privilege (three items max)

## **RESIDENTIAL PROGRAM REWARDS**

### **Type A**

1. All residential program participants who meet the requirements of a Type A reward will be given the opportunity to participate in a community activity with approved individuals or attending their child's event.
2. If the program participant chooses a community activity (i.e. dinner at a restaurant, attending a movie, bowling, miniature golf, etc.) with approved individuals outside the facility, the following requirements shall be met:
  - a. Program participants must provide a list of all those who will attend the community activity along with the name and location of the activity at least 72 hours prior to the requested date on an *Emergency Special Request* form.
  - b. Department staff may supervise the participant during the activity.
  - c. The activity must be in Hamilton County or a contiguous county.
  - d. A specific time frame will be given and must be followed by the program participant.
  - e. During this release time, the program participant shall abide by all program rules and regulations.
3. If the program participant chooses to attend an event for their child/children, the following requirements shall be met:
  - a. Program participants must provide a list of all those who will attend the community activity along with the name and location of the activity at least 72 hours prior to the requested date on an *Emergency Special Request* form.
  - b. Department staff may supervise the event for the entire time out of the facility.
  - c. The activity must be in Hamilton County or a contiguous county.
  - d. A specific time frame of two hours will be given and must be followed by the program participant (not including travel time).
  - e. Examples of acceptable events may include: school functions, religious programs, birthday parties, etc.
4. The final decision regarding acceptable community activities and children's events is at the discretion the Hearing Officer.
5. Once a program participant reaches this status level, the reward may continue monthly until reward status changes.

### **Type B**

1. All residential program participants who meet the requirements of a Type B reward will be given a choice of an extra one-hour visitation time, ordering dinner and viewing a movie (with an adult or child/ren from the visitation list), attending an outside religious service, or performing four hours of volunteer work within the community.

2. If the program participant chooses an extra one-hour visitation time, the following guidelines shall be followed:
  - a. The one-hour extra visitation time shall be 6:00 p.m.-7:00 p.m. on Sunday.
  - b. Visitation policies must be followed as listed in the residential program handbook.
3. If the program participant chooses to order dinner and view a movie, with either an adult or child/ren, the following guidelines shall be followed:
  - a. The movie will be shown on Saturday evenings (adult) and Friday evenings (child/ren) at a time to be scheduled in the classrooms.
  - b. Dinner must be delivered by a public eating establishment.
  - c. The movie will be selected by Hamilton County Community Corrections.
  - d. Equipment will be provided by Hamilton County Community Corrections.
  - e. Once the movie and dinner is completed, the program participants will return to their living unit in an orderly fashion.
  - f. Drinks from the vending machines may be taken into the classroom.
  - g. Following the movie, program participants are responsible for cleaning the area.
  - h. If any of the above rules are violated, a living unit coordinator may end the session and the program participant may lose their reward status.
4. If the program participant chooses to attend an outside religious service (maximum of 90 minutes) the following guidelines shall be followed:
  - a. The name, address, and phone number of the church and travel arrangements will be submitted to staff on an *Information/Request* form. The church must be located in Hamilton County or a contiguous county.
  - b. The program participant will submit documentation (church bulletin if available), signed by the service facilitator, and submit it as verification of attendance upon return to the facility.
  - c. Once approved, this activity shall be indicated on the weekly schedule.
  - d. Those convicted of a sex offense will be unable to participate in this reward.
5. If the program participant chooses to perform volunteer work (maximum of four hours per month), the following guidelines shall be followed:
  - a. Volunteer work must be performed for a not-for-profit organization in Hamilton County or a contiguous county.
  - b. The following information shall be provided to staff on an *Information/Request* form: name, address, and contact number of the location where volunteer hours are to be completed, the not-for-profit coordinator's name, and travel arrangements.
  - c. Participants must provide documentation of volunteer work hours from the person supervising the hours worked.
  - d. Once approved, this activity shall be indicated on the weekly schedule.
  - e. Those convicted of a sex offense will be unable to participate in this reward.
  - f. Entities will be approved at staff's discretion.

6. If the program participant chooses to attend an outside AA meeting, the following guidelines shall apply:
  - a. All new participants requiring attendance at AA meetings by order of the court through CARE or any other substance abuse provider will be required to attend at least one meeting at Hamilton County Community Corrections.
  - b. Documentation of attendance at outside established meetings may be provided to the participant's case manager by a treatment center, group meeting leader or sponsor for review of this requirement to determine if a participant is able to attend the outside meeting.
  - c. AA Meeting Reports will be completed by each participant and submitted to their case manager on a monthly basis or as otherwise requested by staff.
  - d. Attendance at outside meetings are at staff discretion and approval.
7. Once a residential program participant reaches this status level, the reward may continue weekly until reward status changes.

### **Type C**

1. Any residential program participant who meets the requirements of a Type C reward will be given a choice of having visitors attend the Hamilton County Community Corrections church service on Sunday, attending a Hamilton County Community Corrections special event with approved visitors, or possession of an electronic game/compact portable music device or miniature television.
2. If the residential program participant chooses to have visitors attend church services on Sunday, the following guidelines shall be followed:
  - a. Normal visitation policies will apply.
  - b. Visitors must exit the facility no later than 15 minutes following services.
3. If the residential program participant chooses to attend a Hamilton County Community Corrections special event, it will be scheduled as necessary and visitors must be on the program participant's approved visitation list.
4. If the program participant chooses to possess an electronic game/compact portable music device or miniature television (2½ inches max, with headphones, battery-operated), approval must be obtained in advance from the Operations Manager or designee. Specific game systems may be denied due to safety and security reasons. Only five CD's and two game cartridges will be permitted.
5. Once a program participant reaches this status level, the reward may continue weekly until reward status changes.

### **Type D**

1. All residential program participants who meet the requirements of a Type D reward may be eligible for:
  - a. Standard recreational time.
  - b. Standard vending privileges (three items max).
  - c. Possession of AM/FM radio with headset.

2. Living unit coordinators will make recreational periods and vending privileges available to the program participants who qualify for this type of reward during the designated times.
3. Living unit coordinators will permit program participants who qualify for this type of reward to enter the facility with the possession of an AM/FM radio with headset.

### **Immediate**

1. Any residential program participant who volunteers for a work detail exceeding 30 minutes in length qualifies for an *Immediate Reward*.
2. At the discretion of the living unit coordinator supervising the work detail, a program participant may be eligible for one of the below rewards:
  - a. One 30-minute recreational period.
  - b. One vending privilege (three items max).
3. The living unit coordinator supervising the work detail will insure the reward is received as soon as possible following the work detail.

Participants must achieve reward status in succession from Level D to Level A.

### **Sanctions Table (Residential Program)**

<b>Level 5 offenses:</b>	<b>Sanctions: (post admin. Hearing)</b>
Contract violations	Violation filed with court and/or probation
Commission of a crime	
Committing an assault or battery	
Sexual assault/sexual acts within facility	
Making sexual proposals or threats	
Fighting	
Habitual Conduct Rule Violator (three or more Level 4 offenses)	
Threatening others with bodily harm	
Stealing, theft	
Extortion, blackmail, protection	
Destroying, altering or damaging property	
Possession of a dangerous or deadly weapon	
Possession of escape paraphernalia, attempting to escape	
Tampering with security equipment or locking devices	
Participating in a riot or group demonstration	
Counterfeiting, forging, or reproducing any official document	
Resisting or fleeing staff	
Violating a restraining order	
One or more unaccounted-for hours of release time	
Refusal to submit to search of person/property	
Failure to follow administrative hearing directives	
<b>Level 4 offenses:</b>	<b>Sanctions: (post admin. hearing)</b>
Wearing a disguise or mask	Loss of up to 180 days earned credit time
Unauthorized alteration of food or drink	Up to 20 in-house work hours
Gambling, possessing gambling paraphernalia	Suspension of outside privileges for up to one week (work inside facility as needed)
Refusing in-house work details or assignments	And/or suspension of earned in-house privileges for up to one year
Participating in a work stoppage	Programming if appropriate
Failure to follow pay agreement	Written reprimand
Proposing a bribe to staff	
Disorderly conduct	
Unauthorized use or misuse of medication	
Refusing to obey an order from staff	
Interfering with headcount	
Side trip violation	
Late return, over 30 minutes but under one hour	



Failure to attend scheduled meeting, appointment and/or program	
Habitual Conduct Rule Violator (three or more Level 3 offenses)	
Possession of a communication device	
Circumventing security measures	
<b>Level 3 offenses:</b>	<b>Sanctions: (post admin. hearing)</b>
Unauthorized contact with the public	Loss of up to 90 days earned credit time
Possession, removal, transfer or relocation of someone else's property	Up to 15 in-house work hours
Unauthorized selling, loaning, converting property for profit	And/or suspension of earned in-house privileges for up to six months
Violating facility rule, regulation or standing order	Programming if appropriate
Being on the bed of another participant	Written reprimand
Unauthorized changing of bunk or locker assignment	
Participating in an unauthorized meeting or gathering	
Failure to follow schedule as approved	
Failure to call in location changes or calling in false location changes	
Failure to pay fees as outlined in the handbook	
Insolence, vulgarity or profanity toward staff or visitors	
Habitual Conduct Rule Violator (three or more Level 2 offenses)	
Unauthorized use/operation of a motor vehicle	
Lying or providing false statements to staff	
Being unemployed for more than 30 consecutive days	
Smoking where prohibited	
Possession of tobacco or tobacco products	
<b>Level 2 offenses:</b>	<b>Sanctions: (post admin. hearing)</b>
Being in an unauthorized area	Up to 10 in-house work hours
Failure to provide an acceptable urine sample within two hours	And/or suspension of earned in-house privileges for up to three months
Tattooing or self mutilation	Programming if appropriate
Possession of pornography	Written reprimand
Termination from employment for cause	
Abuse of mail or telephone privileges	
Violating visitation regulations	
Failure to follow safety or sanitation regulations	
Using equipment when unauthorized or contrary to posted standards	
Being unsanitary or untidy in immediate living	

area	
Entering into a contract without approval of case manager and/or field services coordinator	
Late return to the facility, up to 30 minutes	
Habitual Conduct Rule Violator (three or more Level 1 offenses)	
<b>Level 1 offenses:</b>	<b>Sanctions: (infraction form or hearing)</b>
Possession of contraband/prohibited property	Up to five in-house work hours
Failure to complete regular work assignments or incorrectly completing regular work assignments	And/or suspension of earned in-house privileges for up to seven days to include vending, indoor recreation, media room privileges
Leaving more than six minutes after scheduled release time	Written reprimand
Failure to follow Hamilton County Community Corrections handbook rules	
Violating quiet hours	
Horseplay or inappropriate conduct	
Open food or drink in bunk area	
Failure to follow dress code	
Using a radio without headphones	
Attaching materials to walls bunks	
Wearing headgear in facility	
Use of abusive or obscene language	
Failure to provide a locker combination or key	
Failure to provide necessary documentation	

## **FINANCIAL RESPONSIBILITIES**

**Program participants shall pay their weekly fees in the following manner:**

1. Fees are due two days following payday.
2. The participant shall request a trip to a bank or other location for the purpose of purchasing a money order or cashier's check. Plan ahead and place this on the *Residential Program Schedule and Request Form*.
3. All fees will be paid by a money order, certified check, or cashier's check and shall also include a copy of the program participant's pay stub and time card. Fees can be paid to the receptionist during regular business hours or to the living unit coordinator at the processing desk. Financial transactions other than fee payments are not permitted between Department staff/volunteers and program participants. Cash, personal checks, or credit/debit cards will not be accepted. A receipt will be provided upon payment.
4. Those participants wishing to be declared indigent must petition their sentencing court.
5. Those participants that have a fee arrearage of more than \$600 will need to meet with their field services coordinator weekly at a day and time set by the field services coordinator.
6. Those not current paying their fees will sign a pay agreement. If the pay agreement is not followed, a non-compliance report will be filed, and the program participant may receive disciplinary action and/or be referred to the court and/or Probation Department for further action. Participants who are on a pay agreement **will not** advance in reward status. Participants may begin earning reward status once fees are two weeks or less in arrearage.

**Fee schedule:**

Initial fee	\$100.00	
Weekly fee	25% of weekly gross income	(minimum \$105.00/week)
Urine screen fee	\$23.00	
Misplaced token	\$ 5.00	
Misplaced ID	\$10.00	
Misc Fees	\$ 2.00	(towels, sandals, personal hygiene bag)
Program fee	\$20.00	(in-house education/treatment programs)

**\*\*You may also be charged a fee of \$150.00 for a CARE Assessment per state statute.**

**Timesheets**

Timesheets are verification of the participant's work hours. Every working program participant must submit a timesheet for the previous week by 6:00 a.m. each Monday. Living unit coordinators will compare the times on the participant's timesheets to that of the participant's daily activities. Timesheets are required to be signed by a supervisor.

# EMPLOYMENT TIMESHEET

Employee

Employer

Date	Time In	Time out	Time In	Time out	Time In	Time out	Time In	Time out

SUPERVISOR NAME  
(PRINTED)

SUPERVISOR SIGNATURE

SUPERVISOR CONTACT  
NUMBER

NOTE: Times must be annotated to reflect Lunch/Dinner breaks

## **LOCATION CHANGES**

The participant may only change locations for the purpose of eating a meal at a public establishment in the general vicinity, changing job locations as a requirement of employment, or while searching for employment. All other location changes must be approved in advance.

**Example:** If a program participant is leaving his/her job location or leaving for a meal break, they must:

1. Call before leaving job location.
2. Call when arriving at the location for lunch.
3. Call when leaving the lunch location.
4. Call upon arrival back to the job location.

Note: Location changes required by the participant's employment outside of Hamilton County and/or the contiguous counties require prior approval of the field services coordinator and/or the sentencing court.

## **HOLIDAYS**

Release privileges may be suspended during holiday periods due to security issues.

The following holidays are subject to this procedure: Christmas Eve (after 6pm), Christmas Day, and New Year's Eve (after 6pm), and New Year's Day. Program participants will be notified in writing of any other dates that would follow this procedure. Staff will use the following guidelines in determining who may work on designated holidays:

1. Those who work "in the field" or travel in the course of their workday will not be permitted to work.
2. The participant must work at a stationary business location.
3. The participant must provide written verification of their work schedule from the supervisor at least one-week prior to holiday.
4. The participant must be able to be contacted by a land-line telephone.
5. Field services coordinators will have final discretion.

## **LIVING UNIT CLEANLINESS**

Each living unit and bunk area is to be clean and neat in appearance at all times. The areas listed below should be used as a general guideline as to what the Department's expectations are concerning a clean and sanitary facility. All program participants, per IC 11-12-5-1, will be expected to perform regular housekeeping duties while at the facility. The living unit television will not be turned on until the unit passes the daily inspection. Program participants are required to report safety, security, maintenance or sanitation concerns to the Operations Manager on an *Information/Request Form* or to a living unit coordinator if it is deemed an emergency.

**Personal items/bunks:**

1. Bunks shall be made with sheets and blankets covering them. Blankets should be on top with corners tucked in and no wrinkles. Pillows should be placed at the head of the bed.
2. Totes and shoes should be placed under the lower bunk in a uniform manner.
3. Towels should be hung on the hook provided.
4. Excess items should be kept in the participant's tote or locker.
5. Clothes or other items should not be on the floor except for the tote and shoes.
6. Program participants are responsible for the security of their own property. Keep all excess items in the locker or tote. Lockers and totes should be locked at all times. The participant must provide a combination or key for tote lock. Locks can be removed at any time and in any manner to inspect the contents. Items are not to be left under mattresses.
7. Only approved items are permitted into the facility, and it is the participant's responsibility to see that they do not exceed the permitted amount.
8. Empty containers or open food or drink containers should not be left in bunk area.
9. Chairs should not be in the bunk area.
10. Program participants are to keep all four legs of the chairs on the floor at all times.
11. Items are not to be left plugged in to charge. Items may be plugged in during use and then returned to the program participant's tote or locker.

**Living Units:**

1. Toilets and sinks should be clean with no water or lime spots. Soap, toothpaste, etc. should not be left in sink area.
2. Showers should be dirt free with no water or lime spots. Shower curtains should be clean and have all ties on them. Personal items should not be left in shower area.
3. All areas, including floors, ceilings, walls, windows, tables and chairs must be kept clean and dust-free at all times.
4. Items should not be hanging or attached in any manner to walls, ceilings, or bunks.
5. Microwaves should be cleaned after each use.
6. Bulletin boards should be neat and organized and contain no unauthorized postings.

Contraband found in any common area or dayrooms continually untidy or unsanitary may result in living unit privileges being suspended for up to three days. These privileges can include: vending, television, recreation periods, and participation in rewards.

**DRESS CODE**

1. All program participants are expected to be properly dressed when not in their bunk or shower area. At no time shall the midsection of the torso be showing or shoulders bare, and shorts cannot be shorter than six inches above the top of the kneecap. Clothing should not contain tears or rips that expose parts of the body or undergarments. Spandex and sports shorts are not acceptable.

2. All program participants are expected to wear undergarments any time they are in the facility except when in the immediate shower area.
3. When sleeping in their bunk, all program participants shall wear clothing that covers their entire chest and pelvic region. At a minimum, sleepwear should consist of a t-shirt and gym trunks.
4. Headgear will not be worn in the building or recreation areas. Exceptions may be made for those needing to cover their hair while sleeping.
5. Program participant's clothing cannot display drug, alcohol, gang and pornographic or racial overtones. Exceptions may be made for alcohol advertising if the resident's employer requires it as part of a uniform.
6. Program participants must wear footwear at all times when not in their bunk. Stocking feet and sock style house-slippers are prohibited.
7. Program participants are prohibited from wearing body piercing jewelry with the exception of earrings.
8. All program participants' attire is at the discretion of Department staff. If a program participant is asked to change their clothing or remove jewelry, they are expected to comply.
9. Pants are to be worn at the waistline (no "sagging" pants).

### **DRESS CODE FOR VISITORS**

Individuals visiting with Residential Program participants are expected to be properly dressed at all times. At no time shall a midsection of the torso be showing or the shoulders bare, and shorts cannot be shorter than six inches above the top of the kneecap. All clothing should be in good condition and not contain tears that expose parts of the body or undergarments.

1. Proper visitor attire is at the discretion of Department staff.
2. Visitors with inappropriate attire during visitations will immediately be asked to leave and will be subject to removal from the program participant's visitation list.
3. Visitors are expected to wear undergarments at all visitations with program participants.
4. Visitors clothing shall not display drug, alcohol, gang, pornographic or racial overtones.
5. Visitors shall wear footwear at all times.
6. Visitors and their property are subject to search at the discretion of Department staff.

## **VISITATION RULES**

1. Program participants will be allowed one 60-minute visitation period according to the following schedule:

A/B and D/E Living Units	1:00 p.m.-5:00 p.m., Saturday
C Living Unit	1:00 p.m.-3:00 p.m., Sunday
F Living Unit	3:00 p.m.-5:00 p.m., Sunday
2. Visitors are not to include victims or co-defendants in the instant offense. Persons with whom no contact orders are issued are not permitted to visit. Program participants that are convicted of sex offenses are restricted to adult visitors.
3. A maximum of five adults and any children may be placed on the visitation list, unless special approval is received by the Director of Personnel or their designee.
4. Individuals may be removed from the program participant's visitation list if the Department believes there to be a threat to the security and/or safety of the facility or if the visitor violates, or there is a reasonable belief he/she will violate, the rules governing visitation.
5. Clothes, money, or other items will not be accepted. Visitors will not be allowed to give anything directly to or take anything directly from any program participant.
6. Use of tobacco products or possession of food or beverages during visitation is prohibited.
7. A visitor must be able to provide two pieces of identification.
8. Each program participant will be allowed to receive no more than two adult visitors and any children (12 and under) during a visitation period.
9. Visitors will leave all bags, packages, purses, etc. outside in their locked vehicles or in the lockers provided in the lobby. Visitors may be searched at staff discretion.
10. Visitors will be refused admittance if staff believes the individual is under the influence of alcohol and/or illegal drugs.
11. Following a visit, program participants will not exit the visitation room without the living unit coordinator's permission.
12. All program participants will undergo a clothed body search prior to returning to their living unit.
13. Program participants shall have access to counsel and confidential contact with attorneys and their authorized representatives. Contacts may include telephone communications, uncensored correspondence, and visits.

## **MEAL PERIODS**

Program participants are provided meals if they are in the facility during meal times. Program participants will be issued three tokens to be used when placing meal orders. Each meal will have a different colored token. The tokens are marked with the living unit/bunk number on both sides. Green tokens are for breakfast, yellow tokens are for lunch, and red tokens are for dinner. Program participants must submit their tokens no later than 11:00 p.m. for the meals to be ordered the following day. A token container is located in each living unit.



Program participants who are in need of special meal trays for medical reasons must submit a *Dietary Restriction Request Form* to the Operations Manager with accompanying doctor's statement. Those requesting a religious diet must submit a *Dietary Restriction Request Form* to the Operations Manager by the 25<sup>th</sup> of each month for approval. Failure to do so will result in discontinuation of the special tray.

Meals are generally received during the following times:

Breakfast	6:15 a.m. to 6:45 a.m.
Lunch	11:15 a.m. to 11:45 a.m.
Dinner	5:00 p.m. to 5:30 p.m.

The program participant will need to eat their meal in a timely manner and return the tray to the designated area.

All trays will be returned to the central kitchen at the end of the meal period with the exception of the dinner tray. Dinner trays will be held until the program participant's return to the facility. If returning after the dinner period, the program participant shall request their dinner from the living unit coordinator at the time they enter the facility.

Living unit coordinators will take all meal tokens and will write infraction forms for meals not retrieved by program participants. The participant will be given one work hour to complete prior to receiving his/her meal token back. If the participant receives three or more infraction forms, a non-compliance report will be written for Level 2 offense, "Habitual Conduct Rule Violator (three or more Level 1 offenses)." If the participant receives a Level 2 offense, they will appear before the Administrative Hearing Board for disposition and may receive other disciplinary actions.

The only food or drinks allowed into the facility must come thru scheduled meals or vending. Program participants may be allowed additional items with the approval of the Operations Manager or designee.

## DIETARY RESTRICTION REQUEST FORM

TYPE OF RESTRICTION (Please circle one)

**MEDICAL**

**RELIGIOUS**

Program Participant Name: \_\_\_\_\_ DATE: \_\_\_\_\_

**If Medical Restriction complete the following:**

Name of physician ordering restriction: \_\_\_\_\_

Telephone number of physician ordering restriction: \_\_\_\_\_

Date restriction to begin: \_\_\_\_\_ Date restriction to end: \_\_\_\_\_

Proper documentation from the physician must be submitted with this request.

**If Religious Restriction complete the following:**

Name of Religion: \_\_\_\_\_

List of foods not permitted on restriction:

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Request for religious dietary restrictions must be submitted by the 25<sup>th</sup> of each month for the following month. Failure to follow this guideline will result in the request being denied.

Hamilton County Community Corrections Only:

Approved

Denied (why: \_\_\_\_\_)

Hamilton County Sheriff's Department Food Service Notified on: \_\_\_\_\_

By: \_\_\_\_\_  
Operations Manager

## **MEDICATION/HEALTH PROCEDURE**

1. Prescription medications will only be accepted if in the original bottle, the label is legible, and appropriate dosage is in the bottle (amount of medication on outside label matches the amount of medication in the bottle). All prescription medication must be recorded by the living unit coordinators. Sample medications will not be permitted into the facility unless the program participant has a valid prescription with the medication.
2. Medications will be delivered by the living unit coordinators at approximately:
  - a. 7:00 a.m.
  - b. 3:00 p.m.
  - c. 11:00 p.m.Program participants are encouraged to have their doctor write orders to be delivered at these times. Medication will only be delivered at these times.
3. Program participants may take necessary medication with them when they leave the facility. However, the program participant must provide an additional labeled prescription bottle in order to take medication with them out of the facility. This second bottle must be returned to the living unit coordinator when the program participant returns to the facility. Please refer to signs posted in the facility regarding when to notify a living unit coordinator of the need for medications to take outside of the facility.
4. Non-prescription medications are available in the facility vending machines. The following additional medications may be allowed into the facility: non-dosage medications (i.e. creams/foams/solids, nitroglycerin, inhalers), a multi-vitamin, vitamin B-6, vitamin E, vitamin C, and/or calcium with vitamin D with prior approval from the Operations Manager or designee. Body building supplements are not permitted.
5. Program participants have access to medical, dental and mental health care services as needed (see Residential Program Forms section). If emergency health care is needed while inside the facility, the program participant should contact the living unit coordinator who will call an ambulance. If emergency health care is needed outside the facility, the program participant should proceed to the closest emergency medical facility and call the Department as soon as possible. Otherwise, program participants are responsible to schedule their own appointments with a local doctor, dentist, or mental health professional at their earliest convenience.
6. Program participants' medical files will be kept confidential, and staff practices universal precautions at all times. Tuberculosis screening is required every six months, and program participants may be referred for testing for other communicable diseases.
7. Use of program participants in medical, pharmaceutical, or cosmetic experiments is prohibited. The Executive Director may make an exception for an individual based on the need for a specific medical procedure that is not generally available.

## **PARTICIPANT'S RELEASE**

**Date and time of release:** Program participants will be notified of the date of their release, generally within five days of reporting to Hamilton County Community Corrections. Officially, the participant's time of release is 11:59 p.m. on the date of the participant's release. However, Hamilton County Community Corrections will schedule a time for the participant's release. Program participants who are under disciplinary action and have work hours to be completed may be held in by the Director of Personnel until 11:59 p.m. or until the work hours are completed.

If a program participant is current on fees per their pay agreement and has no disciplinary action/work hours pending, Hamilton County Community Corrections, as a courtesy, will process participants for release at 9:00 a.m. Otherwise, program participants will begin the release process at 11:00 p.m. on the scheduled release date.

If a program participant is not on a pay agreement, they must owe less than \$500.00 on the day of their release for Hamilton County Community Corrections to extend the courtesy of beginning the release process at 9:00 a.m.. No courtesy will be extended for early discharge if the participant is above this amount, and the release process will begin at 11:00 p.m. on the scheduled release date.

Case managers will assist program participants with the location of suitable post-release housing options. A forwarding address and contact number is required regardless of whether or not a participant will be on any supervision at the time of their release. Refusal to provide this information will result in the release process beginning at 11:59 p.m. on the scheduled release date. Resource guides are available upon request.

Hamilton County Community Corrections encourages family member involvement in a program participant's pending release and continuation of care.

## **RECREATIONAL PERIODS**

1. Recreation is available to program participants from 7am to 11pm daily.
2. Program participants are limited to 30 minute sessions of recreation time, unless at C Reward Status. The number of recreation periods that may be earned as an immediate reward is not limited.
3. Only program participants who have standard privileges or have earned and chosen recreation as their immediate reward are permitted to use the recreation area. If they have chosen recreation as an immediate reward, the recreation must be conducted immediately following the work detail.

4. Participants shall request times through the living unit coordinator. The living unit coordinator shall advise the participant of available times and electronically reserve their time on the calendar.
5. Not more than eight program participants may use the recreation area at the same time.
6. Recreation equipment may only be used as intended by the manufacturer.
7. Program participants shall use gym wipes to clean the equipment after each use.
8. Staff will inspect the recreation area and equipment daily to ensure the area is clean and the equipment remains serviceable.

### **VENDING FACILITIES**

1. Residential program participants are given the opportunity to purchase up to three items each evening after the dinner meal has been served, approximately 6:30 p.m.-7:30 p.m.
2. All vending activities will be supervised by staff. No more than one living unit at a time will be allowed in the vending area. Participants will be called out to the vending area by the rover.
3. Staff supervising vending activities will ensure that only program participants who have vending privileges purchase items from the vending machines. Program participants without vending privileges are permitted to purchase only medication and laundry supplies from the vending machines.
4. Program participants without vending privileges who have chosen vending privileges as an immediate reward must purchase vending items immediately following the work detail. The staff granting the immediate reward will supervise.
5. Program participants who have vending privileges and enter the facility or are returning from a treatment/education class after the established vending period has been conducted in the evening will be permitted to purchase vending items as determined by the living unit coordinator.
6. To request a credit, a vending credit slip titled "*MONEY LOST IN VENDING MACHINE*" must be completed. The completed form will be sent to the bookkeeper who will then credit the participant's fee account and return the form to the program participant indicating that their account has been credited. A copy will be placed in the bookkeeper's file.

## **FAITH-BASED SERVICES**

The mission of the Hamilton County Community Corrections Chaplain's Program is to serve the personnel and the program participants as a supportive, volunteer group of qualified ministers or counselors in matters of personal, marital, and spiritual counseling; to lead worship services; and to assist in matters of spiritual development and support.

### **Programs provided to the program participants:**

- A.** Non-denominational worship services as scheduled.
- B.** Group worship study as scheduled.
- C.** Individualized worship study.
- D.** Individual counseling from spiritual to relationship issues. The participant should request to meet with a chaplain for this purpose.
- E.** Special holiday programs may include Thanksgiving, Christmas, and Memorial Day.

## **MEDIA ROOM**

1. Media Resource room #148 shall be available for use by residential program participants.
2. Program participants shall request media room time from the living unit coordinators at least 24 hours in advance. Living unit coordinators shall advise participants of available times and electronically reserve the selected times on the calendar.
3. Media room hours are as follows: Sunday 2-4pm, Monday 1-3p, Wednesday 8:30-10:30a and Friday 1-3p. Living unit coordinators will assist on Sunday, program staff on Monday and Friday and support staff on Wednesday. In the event times have not been reserved for use, the room shall not be opened and staffed. A staffing calendar will be developed in advance with assigned times.
4. If a program participant wishes to remove a library item from the room they must use the *Media Checkout* form. The staff member working the room will initial the sign-out log. Library items may be kept for up to two weeks at a time. Participants may not be in possession of more than two items at one time. When items are returned they must be signed in by program participants and initialed by a staff member on the *Media Checkout* form. Returned items shall be immediately inspected for contraband and or damages by staff working the room at the time of the return.
5. Computers shall be made available to program participants for employment, resume creation, education, or legal research on a current case. Program participants shall not use the computers to create and/or view any obscene or pornographic material or to perform any illegal activity. Social networking sites are prohibited.
6. Program participants shall not save any information on the hard drive and they shall not alter any internal settings of the computer.
7. Anything created or prepared on the Hamilton County Community Corrections computers are subject to review by Hamilton County Community Corrections.
8. Flash drives will be made available by HCCC for use by the program participants. They are issued by the participant's case manager and remain the property of HCCC. The flash drives must be returned prior to discharge from the program.
9. HCCC staff shall monitor the use of the media room to ensure that all guidelines are being followed. Media room privileges may be denied due to safety or security issues.

## **TELEPHONE**

All program participants shall have limited access to telephones. Telephones in the living units are to be used for all personal calls. Program participants shall have access to a non-pay telephone for business-related telephone calls. A TTY telephone is available upon request.

1. All personal telephone calls shall be made from the living unit telephones. Hamilton County Community Corrections has the capability and right to record numbers and conversations from those phones, and certain numbers may be restricted.
2. Telephone calls are not permitted during quiet hours.
3. A program participant may make business-related telephone calls on the living unit control area telephone. Business-related calls may include: employment, probation, attorney, and treatment or health providers. Calls shall be arranged with staff, and staff will dial the number.
4. Messages will only be taken for program participants for emergencies, employment, or program-related issues.

## **FUNERAL/HOSPITAL REQUESTS**

Special requests for hospital visits or funeral leave require a court order. Requests must be submitted immediately for verification and for paperwork to be completed.

1. The Department may submit the necessary paperwork with the sentencing court requesting hospital visits and funeral leaves. Participants must submit a *Restriction Waiver* to their case manager for approval prior to forwarding it to the sentencing court.
2. The Department will only make requests to the court concerning a program participant's immediate family members.
3. Hospital requests will only be forwarded to the sentencing court under the following circumstances: birth of biological child, life-threatening illness, or major surgery.
4. Requests must be submitted to the program participant's case manager on an *Information/Request Form*. Information must include the name of the family member, hospital address and room number, reason for visit, funeral home and burial site names and addresses, exact time of the funeral, and any other pertinent information.



## **PARKING PERMITS**

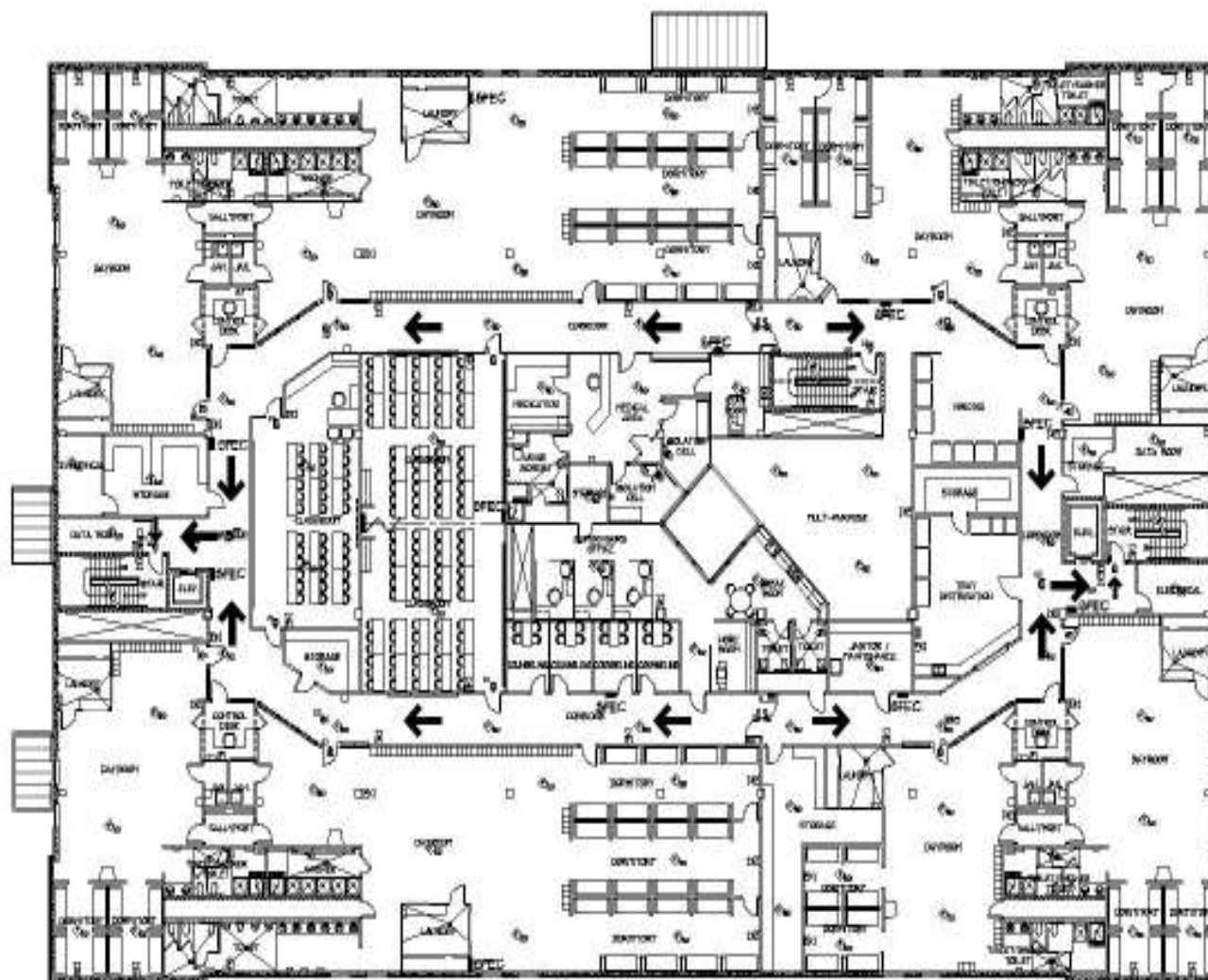
The following information must be submitted on an *Information/Request Form* to the Operations Manager within 72 hours of intake to obtain a parking permit. Failure to do so may result in the removal of a vehicle or scooter/bicycle from Hamilton County Community Corrections property.

### **VEHICLE**

Provide a copy of the following: valid driver's license, vehicle registration, and insurance card.

### **SCOOTER/BICYCLE**

Provide the following information: make, model, color, and serial number.



LEGEND	
←	EXIT
■	SECURITY FIRE EXTINGUISHER CABINET
■	FIRE EXTINGUISHER CABINET
■	BRACKET MOUNTED FIRE EXTINGUISHER
→	EXIT LEE - LINE INDICATES FACE
→	ARROW INDICATES FACE AND DIRECTION OF TRAVEL
□	COMBINATION TROUBLE SWITCH (4" / 10" / 14" / 20")
□	FIRE ALARM PULL STATION
□	PHONE DETECTOR
□	DOOR HOLDING
□	EMERGENCY VALVE SWITCH
□	WATER FLOW SWITCH
□	FIRE ALARM CONTROL PANEL
□	FIRE HORN / LIGHT COMBINATION
□	FIRE HORN / LIGHT COMBINATION SILENCED

## SECOND FLOOR EXIT PLAN

SCALE: 1/8" = 1'-0"

